

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

03-04-2002 90026 003 ****61.25

DOCUMENT # N01000005039

1. Entity Name

CLIPPER COVE VILLAGE 19-21 ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**942 N COLLIER BLVD
 MARCO FL 34145**

**942 N COLLIER BLVD
 MARCO FL 34145**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3751594

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STANLEY, JOHN F
 2660 AIRPORT RD S
 NAPLES FL 34112**

Name **Kristine Wishard**

Street Address (P.O. Box Number is Not Acceptable)

2200 Kings Highway 3J

City **Port Charlotte**

FL

Zip Code **33980**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Kristine Wishard **Kristine Wishard, Manager**

02/17/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D;P,S,T** ☐ Delete
 NAME **Boff, Joseph D.**
 STREET ADDRESS **942 N. Collier Blvd.**
 CITY-ST-ZIP **Marco Island, FL 34145**

TITLE **D** ☐ Delete
 NAME **Oyer, Steven D.**
 STREET ADDRESS **942 N. Collier Blvd.**
 CITY-ST-ZIP **Marco Island, FL 34145**

TITLE **D** ☐ Delete
 NAME **Wilson, Teri L.**
 STREET ADDRESS **942 N. Collier Blvd.**
 CITY-ST-ZIP **Marco Island, FL 34145**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or without the empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/17/02

CP2E037 (9/01)